

# EDITORIAL INDEX

## IDENTIFICATION CODES

c—Cited  
et—Equal time  
le—Letter from the editor  
nl—News from the literature

oa—Original article  
ppc—Problem-patient conference  
pq—Pathology quiz  
s—Symposium

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# TICAR® (Sterile Ticarcillin Disodium), for Intramuscular or Intravenous Use

For complete prescribing information, consult official package insert.

**ACTIONS:** Ticarcillin is bactericidal; it is not absorbed orally, therefore, it must be administered intravenously or intramuscularly.

**INDICATIONS:** TICAR (Ticarcillin Disodium) is indicated for the treatment of the following infections:

- Bacterial septicemia†
- Skin and soft-tissue infections†
- Acute and chronic respiratory tract infections††
- †caused by susceptible strains of *Pseudomonas aeruginosa*, *Proteus* species (both indole-positive and indole-negative) and *Escherichia coli*.
- ‡Though clinical improvement has been shown, bacteriological cures cannot be expected in patients with chronic respiratory disease or cystic fibrosis.
- Genitourinary tract infections (complicated and uncomplicated) due to susceptible strains of *Pseudomonas aeruginosa*, *Proteus* species (both indole-positive and indole-negative), *Escherichia coli*, *Enterobacter* and *Streptococcus faecalis* (enterococcus).

Ticarcillin is also indicated in the treatment of the following infections due to susceptible anaerobic bacteria:

- (1) Bacterial septicemia.
- (2) Lower respiratory tract infections such as empyema, anaerobic pneumonia and lung abscess.
- (3) Intra-abdominal infections such as peritonitis and intra-abdominal abscess (typically resulting from anaerobic organisms resident in the normal gastrointestinal tract).
- (4) Infections of the female pelvis and genital tract such as endometritis, pelvic inflammatory disease, pelvic abscess and salpingitis.

- (5) Skin and soft-tissue infections.
- Although Ticarcillin is primarily indicated against Gram-negative infections, its *in vitro* activity against Gram-positive organisms should be considered in treating infections caused by both Gram-negative and Gram-positive organisms.

Based on the *in vitro* synergism between Ticarcillin and gentamicin sulfate or tobramycin sulfate against certain strains of *Pseudomonas aeruginosa*, combined therapy has been successful, using full therapeutic dosages.

Culturing and susceptibility testing should be performed initially and during treatment.

**CONTRAINDICATIONS:** A history of allergic reaction to any of the penicillins is a contraindication.

**WARNINGS:** Anaphylaxis may occur, especially in patients with an allergic diathesis. Check for a history of allergy to penicillins, cephalosporins or other allergens. If an allergic reaction occurs, the drug should be discontinued unless, in the opinion of the physician, the condition being treated is life-threatening and amenable only to Ticarcillin therapy. Serious anaphylactic reactions require immediate emergency treatment with epinephrine, oxygen, intravenous steroids and airway management.

Some patients receiving high doses of Ticarcillin may develop hemorrhagic manifestations associated with abnormalities of coagulation tests. Patients with renal impairment, in whom excretion of Ticarcillin is delayed, should be observed for bleeding manifestations. Such patients should be dosed strictly according to recommendations. If bleeding manifestations appear, Ticarcillin treatment should be discontinued and, if necessary, appropriate therapy instituted.

**PRECAUTIONS:** During prolonged treatment, periodic checking for organ system dysfunction (renal, hepatic and hematopoietic) is advisable. If overgrowth of resistant organisms occurs, the appropriate therapy should be initiated.

Since the theoretical sodium content is 5.2 milliequivalents (120 mg) per gram of Ticarcillin, electrolyte and cardiac status should be monitored carefully.

In a few patients receiving intravenous Ticarcillin, hypokalemia has been reported. Serum potassium should be measured periodically.

**USAGE DURING PREGNANCY:** Reproduction studies have been performed in mice and rats and have revealed no evidence of impaired fertility or harm to the fetus due to Ticarcillin. There are no well-controlled studies in pregnant women, but investigational experience does not include any positive evidence of adverse effects on the fetus. Although there is no clearly defined risk, such experience cannot exclude the possibility of infrequent or subtle damage to the fetus. Ticarcillin should be used in pregnant women only when clearly needed.

**ADVERSE REACTIONS:** The following adverse reactions may occur: skin rashes, pruritus, urticaria, drug fever, nausea, vomiting, anemia, thrombocytopenia, leukopenia, neutropenia, eosinophilia. SGOT and SGPT elevations have been reported. Patients, especially those with impaired renal function, may experience convulsions or neuromuscular excitability when very high doses of the drug are administered.

Local reactions at the site of injection have been reported. Vein irritation and phlebitis can occur, particularly when undiluted solution is directly injected into the vein.

**DOSAGE AND ADMINISTRATION:** Usual adult recommended dosage in bacterial septicemia, respiratory tract infections, skin and soft-tissue infections, intra-abdominal infections and infections of the female pelvis and genital tract, is 3 grams by intravenous infusion every 3, 4 or 6 hours depending on weight and severity of infection; in uncomplicated urinary tract infections, 1 gram I.M. or direct I.V. q.i.d.; in complicated urinary tract infections, 3 grams q.i.d. by I.V. infusion.

Please consult official package insert for details on dosages for patients with renal insufficiency, children, neonates and directions for use.

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